

Inbound Account Transfer Notice

This is the notice sent to an individual when the Marketplace gets an account transfer from a state Medicaid or CHIP agency. In this scenario, the individual applied directly through the state agency and the state agency found the individual ineligible for Medicaid/CHIP. The state agency transferred the individual's account/application to the FFM for a determination of eligibility for QHP/APTC/CSR.

EXAMPLE

[First Name Last Name of Primary Contact]
[Address of Primary Contact]

[Date of notice]

Application ID: [Application ID]

Dear [First Name of Primary Contact]:

Complete your application for Marketplace coverage

You recently submitted an application to your state Medicaid or Children's Health Insurance Program (CHIP) agency or made a change to your eligibility information for health coverage. Your state Medicaid or CHIP agency sent your application in a secure transaction to the Health Insurance Marketplace because you or someone on your application doesn't qualify for Medicaid and CHIP. We used the information from your state Medicaid or CHIP agency to start an application for you on HealthCare.gov. You'll need to complete and submit this application to see if you or someone on your application qualifies to get Marketplace coverage and help paying for health coverage and health services through the following:

- A new tax credit that can be used right away to lower your monthly health insurance premium costs
- Health plans specifically designed to lower your out-of-pocket costs

If we don't hear from you, we won't be able to determine your eligibility based on the application we started for you.

Note: If you already have an eligibility determination from the Marketplace for a tax credit and plan with lower out-of-pocket costs, you don't need to complete and submit an application. Your eligibility and coverage (if you've enrolled already) won't change.

How to complete your application

To complete your application, you can do one of the following:

- Log in to your HealthCare.gov account
- Create an account on HealthCare.gov if you don't already have one
- Call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325)

If you have questions:

Go to [HealthCare.gov/marketplace](https://www.healthcare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

When you log in or call, you'll be asked to provide the application ID number listed at the top of this letter. You and anyone on your application who received a denial of eligibility for Medicaid and CHIP are eligible for a Special Enrollment Period to choose a health plan through the Marketplace if you originally applied on or before [end date of open enrollment period] and we determine that you're eligible to purchase coverage through the Marketplace. You'll also get a Special Enrollment Period if you had Medicaid or CHIP and lost it because you're no longer eligible. When you review your information, you'll be asked if someone in your household applied before [end date of open enrollment period]. Make sure to identify the appropriate family members. After you complete your application, you'll receive an eligibility notice with more information about whether you and anyone in your household qualifies for a Special Enrollment Period.

For more information about how to complete the application we started for you, go to www.healthcare.gov/help/statetransfer to read "What if my state application was transferred to the Marketplace?"

What to do if you've had changes since being denied Medicaid and CHIP coverage

If your household income has decreased or your family size has increased since you or someone on your application received the denial of Medicaid and CHIP coverage, you should start a new Marketplace application instead of using the application ID at the top of this letter. You may be eligible for Medicaid or CHIP, even if you weren't when you first applied with your state agency.

Where can I find more information?

Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325).

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see Healthcare.gov/privacy/). This notice was generated by the Marketplace based on 45 CFR part 155, subpart D, and §155.230. The PII used to create this notice was collected on the application you filled out and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and for insurance affordability programs. For more information about the privacy and security of your PII, visit HealthCare.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207. The time required for a health insurance Exchange as defined in CFR 155.20 to generate this information collection is estimated to be 100 hours, including the time to draft appropriate notice text, review the notice, conduct user testing, incorporate changes, ensure compliance with plain writing, language access, and readability

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standards. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Getting Help in a Language Other than English

If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596.

Here's a listing of the available languages and the same message provided above in those languages:

العربية (Arabic)

لك الحق في الحصول على المساعدة والمعلومات في اللغة الخاصة بك مجاناً. وللتحدث مع مترجم في اللغة العربية حول سوق التأمين الصحي، يرجى الاتصال على 1-800-318-2596.

中文 (Chinese)

你有權利免費用您的語言獲得幫助和資訊。要用中文與傳譯員探討健康保險市場，請致電 1-800-318-2596。

Français (French)

Vous avez le droit d'obtenir de l'aide et des renseignements dans votre langue sans aucun coût. Pour consulter un interprète en français quant au Marché d'assurance santé, composez le 1-800-318-2596.

Kreyòl (French Creole)

Ou gen tout dwa pou resevwa èd ak enfòmasyon nan lang ou pou gratis. Pou pale avèk yon entèprete an Kreyòl konsènan Mache Asirans Medikal (Health Insurance Marketplace), rele 1-800-318-2596.

Deutsch (German)

Sie haben das Recht, Hilfe und Informationen kostenlos in Ihrer eigenen Sprache in Anspruch zu nehmen. Um mit einem Dolmetscher für die deutsche Sprache über den „Health Insurance Marketplace“ zu sprechen, rufen Sie bitte diese Nummer an: 1-800-318-2596.

ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો 1-800-318-2596

हिन्दी (Hindi)

आपके पास अपनी भाषा में सहायता व सूचना निःशुल्क प्राप्त करने का अधिकार है। हेल्थ इंश्योरेंस मार्केटप्लेस (स्वास्थ्य बीमा बाजारस्थल) के बारे में हिन्दी में दुभाषिए से बात करने के लिए 1-800-318-2596 पर फ़ोन करें।

한국어 (Korean)

귀하는 귀하의 언어로 도움과 정보를 무료로 받을 수 있는 권리가 있습니다. 한국어로 건강 보험 시장(Health Insurance Marketplace)에 대하여 통역사에게 이야기하려면, 1-800-318-2596 번으로 전화하십시오.

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Polski (Polish)

Każdy ma prawo uzyskać bezpłatnie pomoc i informacje we własnym języku. Aby porozmawiać z tłumaczem po polsku na temat Rynku Ubezpieczeń Zdrowotnych (Health, Insurance Marketplace), należy zadzwonić pod numer 1-800-318-2596.

Português (Portuguese)

Você tem o direito de obter ajuda e informação em seu idioma e sem nenhum custo adicional. Para falar com um intérprete de [Português] sobre o Mercado de Seguros de Saúde, ligue para 1-800-318-2596.

Русский (Russian)

Вы имеете право бесплатно получить помощь и информацию на родном языке. Чтобы поговорить с переводчиком на русском о платформе Health Insurance Marketplace (рынок медицинского страхования), позвоните по телефону 1-800-318-2596.

Español (Spanish)

Usted tiene el derecho a recibir ayuda e información en su idioma sin costo alguno. Para comunicarse con un intérprete en español relacionado con el Mercado de seguros médicos, llame al 1-800-318-2596.

Tagalog (Tagalog)

Mayroon kang karapatan makakuha ng tulong at impormasyon sa iyong wika na walang gastos. Upang makipag-usap sa isang tagapagsalin sa Tagalog tungkol sa Health Insurance Marketplace, tumawag sa 1-800-318-2596.

اردو (Urdu)

آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ہیلتھ انشورنس مارکیٹ پلیس کے بارے میں کسی مترجم سے اردو میں بات کرنے کے لئے 1-800-318-2596 پر رابطہ کریں۔

tiếng Việt (Vietnamese)

Quý vị có quyền nhận sự giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên bằng tiếng Việt về Thị Trường Bảo Hiểm Sức Khỏe, xin gọi số 1-800-318-2596.



June 2013

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